

plethora or other cause, be towards the cerebral cavity, apoplexy is produced by exposure, or the absence of care, during the season of cold and damp in Europe. When the liver becomes the seat of congestion, this morbid condition may be confined to the venous trunks, or to the whole secreting parenchyma; or it may extend to both. In either case it is a serious state of disease.

I have seen many persons also, whose relatives at home were weak-chested and consumptive, become subject to severe chest diseases from the same cause. In short, if the sufferings were great, under the long continued exposure to the tropical heats, they are neither small nor unimportant under its opposite in Europe—especially under exposure to damp cold, which exercises a peculiarly baneful influence. My experience here in the last nine years would lead me to conclude that, if there really be any such immunity from cold during the first year of residence in England, as we hear spoken of so generally in India, it is enjoyed only by the healthy and the robust. Numberless examples have satisfied me as to the truth of this observation. A dry, or even frosty, cold is well borne, comparatively, even by the enfeebled tropical invalid; but the damp cold produces sensations of indescribable distress and depression in persons possessed of considerable powers of resistance. Many invalids, again, arriving in England in an enfeebled state, seek what they call "the bracing air" of Brighton and other such places during the winter and spring months, in forgetfulness, or in ignorance, that, without a previous restoration of health, this said bracing is impossible of attainment. Many valuable lives are annually sacrificed in this vain endeavour.

More unfounded still is the prevalent notion amongst inexperienced and thoughtless lay persons, that on returning to England from hot climates they are to take leave of all their ailments, at the same time that they need take no care whatever as to their habits. This is only another out of many examples of the facility with which the mass of men receive mere opinions as established facts. It is but the "they say it" of the Spaniards, and that is enough for the unreflecting many. "A moderate acquaintance with mankind," says Dr. James Johnson, "is sufficient to stamp the truth of the remark, that experience seldom instructs the mass." This is quite as true as the observation of the older doctor of the same name, the moralist and lexicographer—viz., that there are some men who are incapable of acquiring experience. In nothing are both remarks so just as in all that popularly relates to health, whether private or public.

(To be continued.)

OBSERVATIONS IN MIDWIFERY.

By W. MUTRIE FAIRBROTHER, M.D.

Complicated Presentation; and a case of Peritonitis.

PRESENTATIONS of a mixed character, involving serious difficulty and danger, occasionally occur to those engaged in obstetric practice; while some which would otherwise present no serious obstacles to the safe delivery of the parturient woman become complicated by interference, being too long delayed. The following case contains some peculiarities worthy of notice:—

Mary F—, aged twenty-six, having had previously five natural labours, was attended by a midwife in this her last, who requested me to visit her patient at half-past twelve A.M., March 4th. I found the woman suffering but little from uterine pains, which had been severe; the waters had broken one hour before; pulse 100; countenance rather anxious, with slight shivering at intervals. Upon making a vaginal examination, one arm was discovered low down, the shoulder above it, and the other hand could be felt plainly; a coil of the funis had also prolapsed. The bowels having been lately relieved, the bladder was emptied by the catheter, and my right hand introduced into the uterine cavity, with a view to determine more accurately the position of the child. The head was felt lodging against the pubis symphysis, lightly grasped by that part of the uterus which surrounded it; so that only at intervals could the hand be passed towards the fundus, in order to bring down a foot and turn the child. The umbilical cord, which was very long, gave some inconvenience by its position. A foot was brought down as far as practicable, and secured by tape, and now there was slight hæmorrhage. The other foot was found with some trouble, and considerable traction employed without materially altering the

position of the child. Dr. Smythe, of Lambeth, who kindly attended at my request, now arrived. Both feet, one arm, the fold of the funis, were at this time impacted in the pelvic brim, the head doubled on the neck anteriorly, the breech resting on the promontory of the sacrum. A full dose of laudanum was administered to the patient, and she was allowed to rest. Unsuccessful efforts were made to return the arm, and traction was again employed, but uselessly. Another opiate draught was then given, and the use of the forceps suggested to bring down the breech; but at that moment all difficulty vanished, and the child was brought into the world, dead, with the funis four times round its neck, at half-past five o'clock. The expulsive pains had not been strong; the placenta was removed by the hand, and external pressure secured a safe and quick contraction of the womb.

Remarks.—Had there been continued expulsive pains for any length of time, and no assistance near, it is possible that this woman might not have been delivered except by a more dangerous alternative than that of turning; but we may often see a beautiful and conservative provision of nature, when, the uterus failing to overcome the unseen difficulty and expel the foetus, the pains are less and less frequent, and sometimes entirely cease. It will also be observed that the fortunate period for turning had passed before my arrival. Several doses of calomel and opium were administered during the following three days, and the woman was spared a second danger by escaping peritonæal inflammation.

And this leads me to relate a case of that disease, which recently occurred in the person of a woman who watched her sister in the agony of labour, and being pregnant, was immediately seized herself. After delivery, no untoward symptom arose until the fourth day, when a circumscribed abdominal pain and tenderness were complained of, and rapidly increased. The lochial discharge was suppressed; the milk was not entirely lost, but the headach was intense. The patient, already emaciated, had paroxysms of severe pain; the countenance was extremely distressed; the vomiting frequent; pulse 120. Calomel with opium were given, a blister applied to the epigastric region, and rectified ether taken in effervescing draughts. The tenderness of the abdomen was excessive, but the fear of being touched or pressed was not confined to this part; in fact, there were symptoms of an hysterical character, but most assuredly the danger was imminent. The opinion of Dr. Tyler Smith was obtained, who expressed to me his belief that she would ultimately do well. A few leeches were ordered to be placed below the navel, the calomel continued, and the ethereal mixture. The breasts were drawn, and the bowels relieved by an enema of castor oil. After the subsidence of the inflammation, the patient was seized with painful diarrhœa and tenesmus, and this being relieved by remedies, she slowly recovered.

Remarks.—This mixed form of peritonitis is not frequent, and general depletion is borne with less than in any other variety of this disease. It is a great question how much policy is shown by resorting in the other puerperal forms of this fearful malady to prompt and extreme bloodletting. The sequel of many recorded and related cases treated thus is not very satisfactory.

London-road, Southwark.

REPORT OF A CASE OF COMPOUND FRACTURE OF THE CRANIUM, AND HERNIA CEREBRI.—RECOVERY.

By ROBERT W. CRIGHTON, M.D. Edin., L.R.C.S.E.,
DEMONSTRATOR OF ANATOMY IN THE MEDICAL SCHOOL, SURGEONS' HALL,
EDINBURGH.

ON the 4th of September last, I was called, at midday, to visit J. C—, aged thirty, a saw-miller, of regular habits.

About an hour previously, while engaged at his occupation, he had been struck on the forehead by a piece of wood, several feet in length, projecting from the circular saw while in full motion, by which he was instantly prostrated. The hæmorrhage was reported by those who carried him from the spot where the accident occurred as having been very profuse, and on first seeing him I found it had been to such an extent as to soak through the bed on which he was lying.

He was then almost pulseless, and in a state of deep coma. The wound inflicted on the forehead was somewhat oblique, extending from a short distance below the left parietal eminence to a little beyond and above the same prominence on the right. The lower part, for fully half an inch, was oc-